

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-049693

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 20 1963

VS 300
Rev. 4/59

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11 003

12 1291-3

13 1

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Atchinson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

1 Mile So. of Blanchard

Length of stay in lb

1 hr.

c. FULL NAME OF (If NOT in hospital, give location)

Iowa
Near Blanchard Iowa

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Iowa

b. COUNTY Montgomery

c. CITY

OR

Red Oak Iowa

Inside Limits

Yes ☒ No ☐

d. STREET

108 C. Street

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

John

(None)

Page

4. DATE OF DEATH

Month

Day

Year

12-12-62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

9-5-1938

9. AGE (last birthday)

24

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Roofers

10b. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (City and state or country)

Iowa City, Iowa

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Clifford Page

13b. MOTHER'S MAIDEN NAME

Rose Houser

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Clifford Page

Address

185 E. Street
Red Oak, Iowa18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARBON MONOXIDE POISONING

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

Hour

Month, Day, Year

2:00

p.m.

12 12 62

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

So. Blanchard

COUNTY

Atchinson

STATE

Mo

21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Rock Point Mo

22c. DATE SIGNED

3-11-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12-17-63

23c. NAME OF CEMETERY OR CREMATORY

Evergreen

23d. LOCATION (City, town, or county)

Red Oak - Iowa

24. FUNERAL DIRECTOR

ADDRESS

Lillian S. Silliman

25. DATE RECD. BY LOCAL REG.

March 12, 1963

26. REGISTRAR'S SIGNATURE

Harwin H. Schaefer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. T. True*

Licensed Embalmer No. 2824

P. O. Address Westboro, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.